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SUBJECT: HAITI POST-EARTHQUAKE USAID/DART HEALTH OVERVIEW

REF: PORT A 0054; PORT A 0058; PORT A 0060

¶1. (U) Summary. As the number of patients requiring specialized medical assistance declines USAID's Disaster Assistance Response Team (USAID/DART) staff report that the current emphasis on earthquake-related trauma surgery and injuries has begun to shift to basic primary care, surveillance, and disease prevention. The Pan-American Health Organization (PAHO) and U.N. Health Cluster report 150 operating health facilities in Port-au-Prince, including 48 facilities with surgical capacity. Existing health facilities and supplies have been augmented by a robust international response, including the deployment of U.S. medical response teams and the provision of USAID-funded medicines and equipment. End summary.

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TRAUMA NEEDS AND CURRENT CAPACITY  
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¶2. As of January 23, approximately 20,000 injured people require medical assistance, according to the U.N. Health Cluster. Of the total, approximately 1,000 patients require specialized care. At the same time, PAHO reported the presence of a total of 150 operating health facilities in Port-au-Prince, including 48 facilities with surgical capacity - 36 fixed facilities and 12 field hospitals. An additional two floating hospitals with helicopter transport capacity -the USNS COMFORT and a Mexican hospital ship - and approximately 11 mobile clinics are currently operational in the capital, according to USAID/DART staff.

¶3. U.S. Department of Health and Human Services' (HHS) medical response teams are also providing medical care in Haiti at several locations, conducting consultations with more than 1,000 patients a day, many with acute medical problems, representing a total of more than 10,000 consultations as of January 25. HHS deployed five Disaster Medical Assistance Teams (DMAT) and an International Medical Surgical Response Team (IMSuRT) on January 20. Each DMAT team has 35 members, representing a total of 175 medical staff, while the IMSuRT is comprised of 48 staff. DMAT teams have been deployed to multiple affected locations, including spontaneous settlement sites of displaced populations in Gheskio and the Petion-Ville club. In addition to conducting surgical procedures for earthquake-affected populations, the IMSuRT currently in Haiti plans to donate its significant cache of surgical equipment and supplies to USAID upon departure.

¶4. USAID/Dominican Republic (USAID/DR) has reprogrammed USD 1 million in health resources to provide three Dominican public hospitals near the Haiti border crossing at Jiman???? with medications and supplies.

¶5. USAID/DART staff note the enhancement of U.N. Health Cluster coordination and information sharing capacity as a result of the arrival and support of USAID and the U.S. Centers of Disease Control (CDC) staff. In addition, USAID/DART staff highlight the value of the recent establishment of U.N. Health sub-clusters for hospitals, mobile health teams, assessments, reproductive health, and drug supply and management in strengthening the targeting of response efforts.

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USNS COMFORT  
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¶6. On January 20, the hospital ship USNS COMFORT arrived in Haiti with 1,000 hospital beds and medical supplies to augment in-country capacity to treat the increased caseload of casualties resulting from the earthquake. The hospital has 10 operating rooms, 24 surgeons, and 130 nursing staff on board. Patients are primarily being transferred from University Hospital and other Government of Haiti (GoH) hospitals in Port-au-Prince. As of 1300 hours local time on January 23, medical staff aboard the USNS COMFORT had treated 1,427 patients and performed more than 93 surgeries, according to the U.S. Department of Defense (DoD).

¶7. The USNS COMFORT currently has approximately 350 patients on board and is expected to reach maximum capacity within the next 48 hours. The ship has a capacity of 1,000 beds which includes patients as well as one accompanying family member, resulting in an actual patient capacity of approximately 500 patients. The U.N. Health Cluster is working to identify additional stabilization locations to relocate treated patients for post-operative care in order to make more space available to accommodate additional incoming patients.

¶8. The GoH Ministry of Health (MoH) and PAHO have identified potential post-operative care sites at Eliazar Germain in Petionville, St. Jude Hospital in Delmas, and Delmas 48, which are currently being assessed. However, the combined capacity of these facilities may be inadequate to handle the projected flow of patients. The DoD is in the process of deploying a self-sufficient emergency medical facility (EMF) with a potential 250-bed capacity. However, due to transportation and set-up times, the EMF unit would likely not be operational for another 14 days. A short-term solution is required and USAID and HHS are currently evaluating the potential purchase of a federal medical station (FMS) from the CDC's Division of Strategic National Stockpile. Each FMS provides beds, supplies, and medicines for 250 patients. The FMS could be set up in three to four days but would require additional support, such as staff, tents, generators, and water and sanitation services.

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¶19. Developed in collaboration with PAHO, the GoH emergency medical services strategy is comprised of three parts, including support for mobile health teams targeting displacement sites; permanent health facilities that serve as first referral facilities located at main displacement sites; and hospitals and field hospitals identified by the MoH.

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SUPPORT TO DISPLACED POPULATIONS

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¶10. To facilitate appropriate targeting of health services at the estimated more than 600 spontaneous settlement sites accommodating displaced earthquake-affected populations in and around Port-au-Prince, U.N. and relief organizations are assessing and mapping sites to identify gaps and service needs. Population estimates of settlement sites range from GoH reports of 609,000 to International Committee of the Red Cross estimates of 1 million people.

¶11. Current MoH strategy plans to support 16 health facilities in proximity to the largest settlement sites and utilize mobile health teams to reach other areas of need. USAID/DART staff caution that current plans for mobile team service provision may be overly ambitious, citing the inclusion of HIV/AIDS patient treatment and routine immunization provision which would require cold chain facilities. USAID/DART staff note that an initial focus on basic health services may be more effective with the potential to expand services where feasible at a later date. In addition, USAID/DART staff note that plans for settlement sites and displaced population movement remain fluid. An estimated 235,000 displaced persons have departed Port-au-Prince for other departments in Haiti, according to the GoH. In these areas, increased medical staffing and supplies may be needed to meet the increased number of patients.

¶12. USAID/DART staff report that a multi-sectoral rapid assessment of spontaneous settlement areas, led by the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) and comprised of 24 three-person teams, is scheduled to begin on January 25. Teams will utilize a modified initial rapid assessment (IRA) tool to collect basic information pertaining to population and health, nutrition, water, sanitation, security, and shelter conditions at settlement sites in Port-au-Prince and other areas outside the capital. USAID/DART staff note that the information compiled from the assessment pertaining to the number and location of available health facilities and water distribution points is critical to identify gaps in coverage and inform appropriate response measures.

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MEDICAL SUPPLIES

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¶13. Despite the availability of medical supplies through the PAHO-supported MoH warehouse PROMESS, inadequate messaging and supply tracking challenges have hindered the efficiency of distribution efforts. International relief agencies with independent transport capabilities may pick up medicines at the warehouse immediately, while local relief agencies require MoH concurrence. To communicate the availability of medicines and the process for accessing supplies, the MoH has initiated radio message

broadcasts to inform local clinics, hospitals, and relief agencies, in addition to posting a message on the InterAction website to alert international NGOs. In addition, USAID/Haiti has contracted Management Sciences for Health to visit hospitals and clinics to assess medicine shortages and link the health facilities to the MoH warehouse. USAID/DART staff note that this may increase the need for medicines as more facilities and agencies begin to access PROMESS.

¶14. Inadequate tracking and monitoring of warehouse and pipeline medicine supplies have also created significant limitations in the ability to accurately forecast short and medium-term needs. Additional United States Government (USG) pharmacists are assisting with system tracking and management to address the issue. USAID is also evaluating the possibility of providing additional support to PROMESS.

¶15. In addition, to MoH medicine supplies through PROMESS, USAID/OFDA has ordered four U.N. World Health Organization (WHO) health kits capable of supporting 10,000 individuals for a three-month period at the request of USAID/Haiti and PAHO. This is in addition to five USAID/OFDA-provided WHO health kits consigned to PAHO at the onset of the disaster. USAID/DART staff note that the USAID/OFDA-funded health kits should provide an adequate buffer stock for fixed health posts and mobile health clinics. Future requests for WHO kits should be dependent on improved accountability of existing kits and drug supplies.

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SURVEILLANCE AND PUBLIC HEALTH  
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¶16. To date, WHO reports no outbreaks of communicable diseases, including measles, rubella, and diarrheal disease, despite difficult public health conditions. However, the earthquake has disrupted vaccination services and conditions have contributed to increase population vulnerability. In response, the U.N. Health Cluster has reported plans to increase immunization activities for measles and diphtheria, pertussis, and tetanus (DPT). In addition, the U.N. Health Cluster plans to establish epidemiological surveillance mechanisms at 51 health facilities on January 26 to monitor health conditions and disease outbreaks to facilitate a rapid response to potential outbreaks.

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LOOKING AHEAD  
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¶17. As the focus of response efforts shift from emergency trauma interventions to basic primary care, surveillance, and disease prevention, USAID/DART staff emphasize the need to support mobile health teams to reach the significant number of displaced persons concentrated at spontaneous settlement sites in Port-au-Prince and other departments in Haiti, as well as existing health facilities in high-density settlement locations. USAID/DART staff also highlight the need to incorporate disease surveillance and nutrition surveys into health service interventions and note the need for flexible response programming capable of adjusting to evolving displacement strategies, including potential GoH plans to relocate displaced persons. In addition, USAID/DART staff note the continuing need to identify available facilities to provide post-operative care for individuals injured in the earthquake. USAID/DART staff will continue to monitor health conditions and coordinate with USAID/Haiti, the GoH, and U.N. and relief

organization partners to address health needs.  
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